

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/508658</i>	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	41		41							
TOTAL DEP.	25		20							
TOTAL CLAIMS	56		24							